04/10/2008 09:56

Image# 28990779823

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Otr	ner Inan An	Autnorize	ea Commi	ittee		Office Use	Only	
1.	NAME OF COMMITTEE (in full)		C MAILING LAN	_	xample:If typi ver the lines	ng, type		• • • • • •		
L	American Council of Life Insu	urers Polit	ical Action Com	mittee						
AD	DRESS (number and street)	101 C	onstitution Ave.	, NW	1 1 1 1	1 1 1 1 1	1 1 1 1		1 1 1 1	1
_	,	Suite	700							
	Check if different than previously reported. (ACC)	Wash	ington				DC	200	01	
2.	FEC IDENTIFICATION NUM	IBER	—	CITY 🛕			STATE	ZI	PCODE A	4
	C00147066			3. IS THIS REPOR		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	`´I	Monthly Report Due On:	Feb 20 (M: Mar 20 (M: Apr 20 (M-	3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Dec (No Yea	20 (M11) n-Election r Only) c 20 (M12) n-Election r Only)
	Quarterly Report(Q July 15 Quarterly Report(Q October 15 Quarterly Report(Q January 31 Quarterly Report(Y)	(0)	PRE-Election		Primary (1		=		n the	noff (12R)
	July 31 Mid-Year Report(Non-election Year Only) (MY) Termination Report (TER)	n (0	d) 30-Day Post -Elect Report for t	tion	General (3	0G)	Runo	ff (30R)	Speed the State of	ecial (30S)
5.	Covering Period 0.3	3 0	200	8	through	03	3 1	2008		
	ertify that I have examined this force or Print Name of Treasurer	•	d to the best of r Donald L. Walke	,	e and belief it	is true, correct	and comple	ite.	1	
Sig	nature of Treasurer Electron	nically File	ed by Mr. Don	ald L. Walke	r		Date (10	200	0 8
NO	TE : Submission of false, error	neous, or	incomplete infor	mation may s	subject the pe	erson signing th	is Report to	the penalties of	f 2 U.S.C 4	37g.
	Office Use								FORM 3	X

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R	eport Covering the Period: From:	01 2008	To: 03 31 2008
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž008 Y Y		24247.34
	(b) Cash on Hand at Begining of Reporting Period	26162.00	
	(c) Total Receipts (from Line 19)	42710.95	99900.61
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68872.95	124147.95
	Total Disbursements (from Line 31)	40875.00	96150.00
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27997.95	27997.95
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

0 1 3^D1 М М 2008 М М 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 19648.05 8610.40 (i) Itemized (use Schedule A) 9600.55 16252.56 (ii) Unitemized (iii) TOTAL (add 18210.95 35900.61 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 24500.00 59000.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 42710.95 94900.61 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 5000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 42710.95 99900.61 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 42710.95 99900.61 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures:		
	(a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committeesand Other Political Committees	38375.00	93650.00
	Independent Expenditure (use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	2500.00	2500.00
0.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	40875.00	96150.00
2.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	40875.00	96150.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	42710.95	94900.61
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	42710.95	94900.61
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 26 (check only one) 11a 11b X 11c 12 13 14 15 16
Any information copied from such Reports are for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers F	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) CUNA Mutual PAC		Date of Receipt
Mailing Address P.O. Box 747	7.0	03 14 2008
City <u>Madison</u>	State Zip Code WI 53701	Transaction ID: 23916308 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00402107	1000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lincoln National Corporation PAC Mailing Address 1300 South Clinton	Street	Date of Receipt 0 3 1 8 2 0 0 8
City	State Zip Code	Transaction ID: 23916314
Fort Wayne	IN 46801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00110577	5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) AXA Equitable PAC		Date of Receipt
Mailing Address c/o AXA Equitable I 1290 Avenue of the		03 17 2008
City New York	State Zip Code NY 10104	Transaction ID: 23920483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00161901	5000.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optiona	J)	11000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 26 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	ne name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mutual of Omaha Companies PAC Mailing Address Mutual of Omaha Pla City Omaha FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State NE C C00 Occupation	Zip Code 68175 094581 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ 3.	Primary General Other (specify) Full Name (Last, First, Middle Initial) Pacific Life PAC Mailing Address 700 Newport Center I		5000.00 Zip Code	Date of Receipt 0 3 2 1 2 0 0 8
	Newport Beach FEC ID number of contributing federal political committee. Name of Employer Receipt For:	C C00	92660 068528	Transaction ID: 23986459 Amount of Each Receipt this Period 5000.00
- : .	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Allianz Life Insurance Company PAC Mailing Address 591 Redwood Highwa	ay #4000	5000.00	Date of Receipt 0 3
	City Mill Valley FEC ID number of contributing federal political committee. Name of Employer	C C00	Zip Code 94941 095109	Transaction ID: 23992047 Amount of Each Receipt this Period 3500.00
Γ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3500.00	
-	SUBTOTAL of Receipts This Page (optional)		<u>l</u>	13500.00
	TOTAL This Period (last page this line number	er only)	1	24500.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 26 (check only one) X
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	litical Action	Committee	
	Full Name (Last, First, Middle Initial) Mr. Thomas E. Henning, CLU			Date of Receipt
	Mailing Address 200 Centennial Mall N	North		03 / 18 / 2008
	City	State	Zip Code	Transaction ID: 23916868
	<u>Lincoln</u>	NE	68508-1618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Assurity Security Group, INC	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial) Mr. William R. Schmeeckle			Date of Receipt
	Mailing Address P. O. Box 82248			03 18 2008
	City	State	Zip Code	Transaction ID: 23953559
	Lincoln	NE	68501-2248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Security Mutual Life Insu- rance Company	Occupation Second	n Vice President-Mortgage Inv	estm
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Mr. Kevin J. McKeown			Date of Receipt
	Mailing Address P.O. Box 1625			03 24 2008
	City	State	Zip Code	Transaction ID: 23988393
	Binghamton	NY	13902-1625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Security Mutual Life Insu- rance Company	Occupation Second	n Vice President and Controlle	er .
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)	1		1500.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Council of Life Insurer	and Statements may not be sold or used by any per ing the name and address of any political committee s Political Action Committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Michael W. Coffman, CPA Mailing Address 2001 Prombletor	Avenue SM	Date of Receipt
Mailing Address 2301 Brambletor City	State Zip Code	0 3 25 2008 Transaction ID: 23992050
Roanoke FEC ID number of contributing federal political committee.	VA 24015-4701	Amount of Each Receipt this Period 350.00
Name of Employer Shenandoah Life Insurance Company Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Vice President, CFO & Trea Aggregate Year-to-Date 350.00	surer
Full Name (Last, First, Middle Initial) Robert R. Peterson, Jr Mailing Address 2301 Brambletor	Avenue, SW	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 23992071
<u>Roanoke</u>	VA 24015-4701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Shenandoah Life Insurance Company	Occupation Senior Vice President, Investments	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Dennis L. Johnson, FLMI, CLU Mailing Address 926 W. Oakham	nton Drivo	Date of Receipt
		03 27 2008
City <u>Eagle</u>	State Zip Code ID 83616-6744	Transaction ID: 24125423 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer United Heritage Mutual Li- fe Insurance	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (opti-	onal)	1010.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 26 (check only one) X
\ \	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 4.	Full Name (Last, First, Middle Initial) Mr. David B. Atkinson			Date of Receipt
	Mailing Address 57 Grand Meridian Fo			03 / 31 / 2008
	City Wildwood	State MO	Zip Code 63005-4974	Transaction ID: 24137080 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer RGA Reinsurance Company	Occupatio Presiden		7
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) Darlene Desroches Mailing Address 430 Great Hill Drive			Date of Receipt
				03 31 2008
	City Ballwin	State MO	Zip Code 63021-6318	Transaction ID: 24137083 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer RGA Reinsurance Group of America	Occupatio Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Eleesa B. Perez			Date of Receipt
	Mailing Address 515 Tenby Ter			03 31 7 2008
	City	State MO	Zip Code	Transaction ID: 24137084
	Manchester FEC ID number of contributing federal political committee.	C	63011-4034	Amount of Each Receipt this Period 255.00
	Name of Employer RGA Reinsurance Company	Occupatio Vice Pre	n sident, Reinsurance Account	ting
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 255.00	
	SUBTOTAL of Receipts This Page (optional) .		\	805.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 26 (check only one) X
Ar	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> 4.	Full Name (Last, First, Middle Initial) Mr. Dana Charles Wiele			Date of Receipt
	Mailing Address 9143 Wembley Wood City	s Drive State	Zip Code	0 3 3 1 2 0 0 8 Transaction ID: 24137085
	Saint Louis	MO	63126-3060	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00
	Name of Employer RGA Reinsurance Company	Occupatio Senior V	n ice President & Associate G	ene
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Mr. James S. Mellema			Date of Receipt
	Mailing Address P. O. Box 1625			03 31 2008
	City	State	Zip Code	Transaction ID: 24137600
	Binghamton	NY	13902-1625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		275.00
	Name of Employer Security Mutual Life Insu- rance Company	 	Vice President - Actuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
 ;.	Full Name (Last, First, Middle Initial) Ms. Joann Waiters			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			03 / 31 / 2008
	City	State	Zip Code	Transaction ID: 24138264
	Washington FEC ID number of contributing federal political committee.	C	20001-2133	Amount of Each Receipt this Period 400.00
	Name of Employer American Council of Life Insurance	Occupatio Counsel	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	UBTOTAL of Receipts This Page (optional) .	1		1175.00

SCHEDULE A (FEC FO	Use separate schedule for each category of the Detailed Summary Pag	(Crieck only one)
Any information copied from such F or for commercial purposes, other t	Reports and Statements may not be sold or used by an han using the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Fu American Council of Life In	nsurers Political Action Committee	
Full Name (Last, First, Middle In Mr. Ross L. Sargent	itial)	Date of Receipt
	tution Ave, NW	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1120489713203
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	92.34
Name of Employer American Council of Life	Occupation Senior Counsel	
Insurers Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		P/R Deduction (\$46.17 Sem-i-Monthly)
Full Name (Last, First, Middle In Mr. Donald L. Walker	itial)	Date of Receipt
Mailing Address 101 Consti Suite 700	tution Ave, NW	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1156427113203
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer American Council of Life Insurers	Occupation CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.0	P/R Deduction (\$50.00 Sem- i-Monthly)
Full Name (Last, First, Middle In Mr. Peter L. Tedone	itial)	Date of Receipt
Mailing Address 32 Lincoln		M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR1503560113203
Weatogue	CT 06089-9780	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	84.60
Name of Employer VantisLife Insurance Company	Occupation President & Chief Executive Off	icer
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	253.8	P/R Deduction (\$42.30 Bi- Weekly)
	e (optional)	276.94

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 26 (check only one) X 11a 11b 11c 12 15 16 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to s	for the purpose of soliciting contributions colicit contributions from such committee.
	American Council of Life Insurers Poli	itical Action	Committee	
_	Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh			Date of Receipt
	Mailing Address 101 Constitution Ave, 101 Constitution Ave.			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR1550105913203
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		338.54
	Name of Employer American Council of Life	Occupatio	n e Vice President	-
	Insurers Receipt For:	1	e Year-to-Date V	1
	Primary General Other (specify) ▼		1015.62	P/R Deduction (\$169.27 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Robert H. Neill Jr., Jr.			Date of Receipt
	Mailing Address 101 Constitution Ave, Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1554864813203
	Washington	DC	20001-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Council of Life	Occupatio	n	
	Insurers Receipt For:	Counsel	e Year-to-Date ▼	-
	Primary General Other (specify) ▼	Aggregate	300.00	P/R Deduction (\$50.00 Semi-Monthly)
	Full Name (Last, First, Middle Initial) Mr. Gary E. Hughes	<u> </u>		Date of Receipt
	Mailing Address 101 Constitution Aven Suite 700 West	iue, NW		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR771358213203
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		281.16
	Name of Employer American Council of Life Insurers	, '	e Vice Pres & General Counse	<u> </u>
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V	P/R Deduction (\$140.58 Semi-Monthly)
_	SUBTOTAL of Receipts This Page (optional)	1		719.70

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16 1
4	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Polit	tical Action	Committee	
<u>_</u>	Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771362413203
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		98.96
	Name of Employer American Council of Life Insurers	Occupatio Vice Pres	n sident, Conference Developm	nent
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		298.96	P/R Deduction (\$48.96 Sem- i-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. J. Bruce Ferguson			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		M M / D D / Y Y Y Y
	City	State DC	Zip Code	Transaction ID: PR771373213203
	Washington		20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		247.18
	Name of Employer American Council of Life	Occupatio	n ice President, State Relation:	
	Insurers Receipt For:		e Year-to-Date	5
	Primary General Other (specify) ▼	/ iggi ogali	741.54	P/R Deduction (\$123.59 Semi-Monthly)
_	Full Name (Last, First, Middle Initial) Mr. David M. Leifer			Date of Receipt
	Mailing Address 101 Constitution Avenu Suite 700 West	ue, NW		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR771374013203
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		126.66
	Name of Employer American Council of Life Insurers	Occupatio Senior C		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		379.98	P/R Deduction (\$63.33 Sem- i-Monthly)
Г	SUBTOTAL of Receipts This Page (optional)	1		472.80

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate sch for each category Detailed Summar	of the
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Council of Life Insurers	the name and address of any political of	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Mr. John W. Mangan, CEBS Mailing Address 101 Constitution A Suite 700	ve, NW	Date of Receipt
City	State Zip Code	Transaction ID: PR771377113203
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	1 1	tate Relatio P/R Deduction (\$100.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Donald G. Preston Jr.	-	Date of Receipt
Mailing Address 101 Constitution A Suite 700 West	venue, NW	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR771386413203
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	161.46
Name of Employer American Council of Life Insurers	Occupation Managing Director, Reinsu	rance
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$80.73 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Ms. Kimberly Dorgan		Date of Receipt
Mailing Address 101 Constitution A Suite 700 West	venue, NW	M M / D D / Y Y Y Y
City	State Zip Code	Transaction ID: PR771395113203
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	416.66
Name of Employer American Council of Life Insurers	Occupation Executive Vice President, F	-ederal Rela
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$208.33 Semi-Monthly)
SUBTOTAL of Receipts This Page (options	l)	778.12

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 26 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Council of Life Insurers Pol	itical Action	Committee	
_	Full Name (Last, First, Middle Initial) Mr. John Pearson			Date of Receipt
	Mailing Address 10075 Red Run Boule	evard		M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR771402613203
	Owings Mills	MD	21117-4865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Baltimore Life Insurance Company	Occupation Presiden		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$50.00 Wee-kly)
	Full Name (Last, First, Middle Initial) Mr. Morris Goff	1		Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR771419313203
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		93.72
	Name of Employer American Council of Life Insurers	Occupation Vice Pre-	n sident, Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	281.17	P/R Deduction (\$46.86 Sem- i-Monthly)
	Full Name (Last, First, Middle Initial) Frank Keating			Date of Receipt
	Mailing Address 101 Constitution Aver Suite 700 West	nue, NW		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR771419713203
	Washington	DC	20001-2133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.66
	Name of Employer American Council of Life Insurers	Occupation Presiden	t & CEO	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1249.98	P/R Deduction (\$208.33 Semi-Monthly)
_	SUBTOTAL of Receipts This Page (optional) .	1	_	610.38

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 26 (check only one) X
Any inf	ormation copied from such Reports and Sommercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nerican Council of Life Insurers Poli	tical Action (Committee	
	Name (Last, First, Middle Initial) Michael J. Hunter			Date of Receipt
	ling Address 101 Constitution Aven Suite 700 West	ue, NW		M M / D D / Y Y Y Y
City	,	State	Zip Code	Transaction ID: PR771419813203
<u>Wa</u>	ashington	DC	20001-2133	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		416.66
	ne of Employer erican Council of Life urers	Occupatio Executiv	n e Vice President & COO	
Rec	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1249.98	P/R Deduction (\$208.33 Semi-Monthly)
	Name (Last, First, Middle Initial) nda Nation			Date of Receipt
Mai	ling Address 101 Constitution Aven Suite 700 West	ue, NW		M M / D D / Y Y Y Y
City	,	State	Zip Code	Transaction ID: PR771419913203
Wa	ashington	DC	20001-2133	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		100.00
Am	ne of Employer erican Council of Life urers	Occupatio Senior C		
	eipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	Name (Last, First, Middle Initial) Debra K. West	1		Date of Receipt
Mai	ling Address 101 Constitution Aven Suite 700 West	ue, NW		M M / D D / Y Y Y Y
City		State	Zip Code	Transaction ID: PR771421013203
<u>Wa</u>	ashington	DC	20001-2133	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C		100.00
Am <u>Ins</u> ı	ne of Employer erican Council of Life urers		ounsel & Director, Southern	Re
Rec	ceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$50.00 Sem- i-Monthly)
	OTAL of Receipts This Page (optional)	<u> </u>		616.66

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	y not be sold or used by any person	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ing the name and add	aress or arry political committee to s	olicit contributions from such committee.
American Council of Life Insurers	Political Action (Committee	
Full Name (Last, First, Middle Initial) Ms. Lisa Tate			Date of Receipt
Mailing Address 101 Constitution A Suite 700	Avenue, NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771423213203
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer American Council of Life Insurers	Occupation Associate	n e General Counsel, Litigation	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John P. Gerni	L		Date of Receipt
Mailing Address 101 Constitution A Suite 700	Ave, NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771428713203
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		117.08
Name of Employer American Council of Life Insurers	Occupation Senior Le	n egislative Director	
Receipt For:	Aggregate	Year-to-Date	
Primary General Other (specify) ▼		351.25	P/R Deduction (\$58.54 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Juan Carlos Scott			Date of Receipt
Mailing Address 101 Constitution A Suite 700 West	Ave, NW		M " M / D " D / Y " Y " Y " Y
City	State	Zip Code	Transaction ID: PR771428813203
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		124.56
Name of Employer American Council of Life Insurers	Occupation Senior V	n ice President, Federal Relatio	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	373.67	P/R Deduction (\$62.28 Sem- i-Monthly)
SUBTOTAL of Receipts This Page (optio	nal)		321.64

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 26 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Council of Life Insurers Poli	tical Action	Committee	
Full Name (Last, First, Middle Initial) David C. Turner			Date of Receipt
Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR771428913203
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		181.50
Name of Employer American Council of Life Insurers	Occupation Sr. Vice	n President and Corp Sec.	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 544.51	P/R Deduction (\$90.75 Sem- i-Monthly)
Full Name (Last, First, Middle Initial) Mr. Maurice Perkins	•		Date of Receipt
Mailing Address 101 Constitution Ave, Suite 700	NW		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR805149113203
Washington	DC	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		142.66
Name of Employer American Council of Life Insurers	Occupation Vice Pre	n sident, Federal Relations	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		427.98	P/R Deduction (\$71.33 Sem- i-Monthly)

SUBTOTAL of Receipts This Page (optional)	•	324.16
TOTAL This Period (last page this line number only)	•	8610.40

	B (FEC Form 3)	' Use sep	arate schedule(s)			R LINE			R:			F	PAGE	20 /	26
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1	ncil of Life Insurers P	olitical Action Co	ommittee												
Full Name (Last, Bachmann Fo	First, Middle Initial) r Congress							rans Date o				3811 nent	690		
Mailing Address	PO Box 25950							0 ^M 3	М	/ D	1 2	9 /	Y	6 0 Š	3 ^Y
City Woodbury		State MN	Zip Code 55125					Amou	nt o	f Eac	h D	isburs	semer	nt this	Peric
Purpose of Disbu	ırsement			Г	01	1			-	_			1	0.000	00
Candidate Name Rep. Michele E	Bachmann				ateg Typ	ory/ e									
Office Sought:	X House [] Senate President	Disbursement For: Primary Other (spe	2008 X General ecify) ▼												
State: MN	District: 06		· 												
Full Name (Last, Melissa Bean	First, Middle Initial) For Congress							T rans Date (sburs	sen		706		
Mailing Address	Post Office Box 30	068						0 ^M 3	М	/ D	1 2	9 /	Y	6 0 Š	3 ^Y
City Barrington		State IL	Zip Code 60010					Amou	nt o	f Eac	h D	isburs	semer	nt this	Peric
Purpose of Disbu	ırsement				01	1							2	0.00	00
Candidate Name Rep. Melissa E	Bean				ateg Typ	ory/ e									
Office Sought:	X House [Senate President	Disbursement For: Primary Other (spe	2008 X General ecify)												
State: IL	District: 08														
Full Name (Last, Blue Dog PAC	First, Middle Initial)							Date (of D	sburs	sen				
Mailing Address	227 Massachusett Suite 101	ts Ave, NE						0 ^M 3	М	/ D	1 2		2	0 Ó 8	3 ^Y
City Washington		State DC	Zip Code 20002				,	Amou	nt o	f Eac	h D	isbur		nt this	
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Candidate Name					ateg Typ	ory/ e									
Office Sought:	Senate President	Disbursement For: Primary Other (spe	General ecify) ▼												
State:	District:														

Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: X House Senate President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City	ents may not and address Action Con State MA ment For: Primary Other (spec	zip Code 02144 2008 X General	d by ar		22 X 28a or the purpolicit contribu	28b 2 pse of solicitir tions from su tion ID: 238 Disbursement	11699 t	8 Period
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) American Council of Life Insurers Political American Congress Committee Mailing Address PO Box 440305 City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: X House Disbursee President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown	e and address Action Col	zip Code 02144 2008 X General	I comm	D11 tegory/	Transaci Date of E M 3 M Amount of	tion ID: 238 Disbursement of Each Disb tion ID: 239 Disbursement	11699 t	8 Period
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Capuano For Congress Committee Mailing Address PO Box 440305 City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: X House Senate President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown	ment For: Primary Other (spec	2008 X General	Cat	tegory/	Amount of Transact Date of E	Disbursement Description ID: 239 Disbursement	t	Period
City Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: X House Senate President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown	ment For: Primary Other (spec	2008 X General	Cat	tegory/	Amount of Transact Date of E	of Each Disb tion ID: 239 Disbursement	1000. 1000. 90915	Perioc
Somerville Purpose of Disbursement Candidate Name Rep. Michael Capuano Office Sought: X House Senate President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown	ment For: Primary Other (spec	2008 X General	Cat	tegory/	Transaci Date of E	tion ID: 239 Disbursement	1000. 90915 t	00
Candidate Name Rep. Michael Capuano Office Sought: X House Senate President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown	Primary Other (spec	X General	Cat	tegory/	Date of D	Disbursemen	90915 t	
Rep. Michael Capuano Office Sought: X House Senate President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Samestown	Primary Other (spec	X General			Date of D	Disbursemen	t	8 Y
Senate President State: MA District: 08 Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown	Primary Other (spec	X General			Date of D	Disbursemen	t	8 Y
Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown					Date of D	Disbursemen	t	a Y
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Candidate Name Rep. Lincoln Davis				tegory/ ype				
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State: TN District: 04 Full Name (Last, First, Middle Initial)					Transact	tion ID: 239	90924	
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Mailing Address 430 South Capitol Street,								
Washington	State DC	Zip Code 20003			Amount	of Each Disb	oursement this 5000.	
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	Full Name (Last, First, N	fiddle Initial)							1			: 2399 ement	0925		
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	City Washington			State DC	Zip Code 20006				Amo	unt of	Each	Disbu			
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	Garrett for Congress	,										: 2381 ement	1698		
	Mailing Address P.(D. Box 905							0 ^M 3	M /	D	2 /	Y	0 0 8	3 ^Y
	City Newton			State NJ	Zip Code 07860				Amo	unt of	Each	Disbu	semer	nt this I	Perio
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	Candidate Name Scott Garrett					С	011 atego Type	ory/							
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	Full Name (Last, First, N Johanns For Senate											: 2381 ement	1709		
	Mailing Address 12	01 O Street Sui	te 101						0 ^M 3	M /	D	1 2 /	Y	0 0 8	3 ^Y
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	Full Name (Last, F Pennsylvanians											: 2381 ement	1708		
	Mailing Address	126 South Fran	klin Street						0 3	M /	D 1	D /	Y	ó ó 8	Y
	City Wilkes-Barre			tate PA	Zip Code 18701				Amou	ınt of	Each	Disbur	semer	nt this F	Perio
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	Candidate Name Paul Kanjorski					Ca	011 atego Type	ory/							
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		First, Middle Initial)							Trans	eactio	n ID	2381	1705		
	Moore for Cong	ress									sburs	ement			
	Mailing Address	PO Box 14631							0 ^M 3	M /	D 1	^D 2	Y	8 ó o g	Y
	City Shawnee Missi	on		tate (S	Zip Code 66285				Amou	ınt of	Each	Disbur	semer	nt this F	Perio
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	Candidate Name Dennis Moore						itego Type	•							
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	State: KS Full Name (Last, F	District: 03							_						
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	Mailing Address	320 First Street	, SE						0 ³		2	25	2	0 0 8	
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		ncil of Life Insurers	Political	Action Co	mmittee											
	ıll Name (Last, RSC	First, Middle Initial)							Date	of D	isbur	sem				
Ma	ailing Address	425 2nd Street,	NE						0 [™] 3	М	/ L	2 5		Ý Ž	0 0 8	3 ^Y
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Ma	ailing Address	PO Box 1247							0 ^M 3	М	/ D	1 2) /	^Y 2	0 δ ε	3 ^Y
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		First, Middle Initial) ongress Committe	e								ion II isbur		3811 nent	691		
Ma	ailing Address	P. O. Box 713							0 ^M 3	М	/ D	1 2	9 /	Ý Ž	0 δ ε	3 ^Y
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District: 12

SCHEDULE B (FEC Form 3X	Use separate scriedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Council of Life Insurers Po	olitical Action Committee		
Full Name (Last, First, Middle Initial) Sestak For Congress			Transaction ID: 23811703 Date of Disbursement
Mailing Address P.O. Box 16			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 8 \end{smallmatrix} \end{bmatrix} $
City Media	State Zip Code PA 19063		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1000.00
Candidate Name Rep. Joe Sestak		Category/ Type	
Office Sought: X House C Senate President	isbursement For: 2008 Primary X General Other (specify) ▼		
State: PA District: 07			
Full Name (Last, First, Middle Initial) Tiberi for Congress			Transaction ID: 23744990 Date of Disbursement
Mailing Address 1200 Trinity Drive			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & 8 \end{smallmatrix} \end{bmatrix}$
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement		011	1375.00
Candidate Name Patrick Tiberi		Category/ Type	
Office Sought: X House Senate President	isbursement For: 2008 X Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2375.00
TOTAL This Period (last page this line number only)	•	38375.00

State: OH

SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)			R LINE	NUMBI	ER:			PAGE 26/				
TEMIZED DISBURSEMENTS		ategory of the Summary Page			21b 27	22 28a		23 28b	\Box	24 28c	X	25 29		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														
NAME OF COMMITTEE (In Full)	and addres	is or arry political	COII	1111111	.ee 10 St	JIICIL COITI	iibut	10115 11	OIII S	uciic	OHIII	iillee		
American Council of Life Insurers Political	Action Cor	mmittee												
Full Name (Last, First, Middle Initial) Texans for Greg Abbott					Transaction ID: 23744823 Date of Disbursement									
Mailing Address P.O. Box 308						0 ^M 3	М	/ D	0 3	/ Y	ž	o ŏ 8	Y	
•	State TX	Zip Code 78767				Amo	unt o	f Eacl	n Disl	burse	-	this F		
Purpose of Disbursement Greg Abbott, ATTORNEY GENERAL TX				01	1	L.					10	00.00	0	
Candidate Name Mr. Greg Abbott				ateg Typ	-									
Senate X President	ment For: Primary Other (spec	2010 General				Greg Abbott, ATTORNEY GENERAL TX								
Full Name (Last, First, Middle Initial)						Tran	sacti	on ID	: 238	3117	49			
Citizens for Hottinger								isburs		nt				
Mailing Address 2135 Horns Hill Road						0 ^M 3	М	/ D	1 2	/ L	ž	o ŏ 8	Y	
•	State Zip Code OH 43055				Amount of Each Disburs							sement this Period		
Purpose of Disbursement Jay Hottinger, STATE HOUSE 71 OH				01	1	L.	-				5	00.00	0	
Candidate Name OH Rep. Jay Hottinger				ateg Typ										
Senate President	Senate Primary X General President Other (specify) ▼				Jay Hottinger, STATE HOUS 71 OH									
Full Name (Last, First, Middle Initial) South Dakota Democratic Party								on ID			92			
Mailing Address 122 Maryland Ave, NE						0 ^M 3	М	/ D	1 2	/ Y	ž	o ŏ 8	Y	
	State DC	Zip Code 20002				Amo	unt o	f Eacl	n Disl	burse	-	this F	-	
Purpose of Disbursement			Г	01	1	L.	_				10	00.0	0	
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SUBTOTAL of Disbursements This Page (optional) .						L		-			25	00.00	0	
TOTAL This Period (last page this line number only)					•						25	00.00	0	